

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212540385				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SNC-Lavalin Constructors Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-9999</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2012</p> <p>SCC ID NO: F1644923</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
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COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 19015 NORTH CREEK PKWY, SUITE 300</p> <p style="text-align: center;">CITY/ST/ZIP: BOTHELL, WA 98011-8029</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MICHAEL J. RANZ TITLE: PRESIDENT ADDRESS: 19015 NORTH CREEK PKWY SUITE 300 CITY/ST/ZIP/CO: BOTHELL, WA 98011-8029 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL J. RANZ TITLE: PRESIDENT ADDRESS: 19015 NORTH CREEK PKWY SUITE 300 CITY/ST/ZIP/CO: BOTHELL, WA 98011-8029	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID LUND ASST SECRETARY 19015 NORTH CREEK PKWY SUITE 300 BOTHELL, WA 98011-8029	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUISE PELLETIER ASST SECRETARY 455 RENE-LEVESQUE BLVD WEST MONTREAL, QUEBEC, H2Z 1Z3, CANADA , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL IOFFREDI TREASURER 455 RENE-LEVESQUE BLVD WEST MONTREAL, QUEBEC, H2Z 1Z3, CANADA , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REJEAN GOULET DIRECTOR 455 RENE-LEVESQUE BLVD WEST MONTREAL, QUEBEC, H2Z 1Z3, CANADA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK LAMARRE DIRECTOR 455 RENE-LEVESQUE BLVD WEST MONTREAL, QUEBEC, H2Z 1Z3, CANADA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GILLES LARAMEE DIRECTOR 455 RENE-LEVESQUE BLVD WEST MONTREAL, QUEBEC, H2Z 1Z3, CANADA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARDEN R. FURLOTTE VP & Secretary 455 RENE-LEVESQUE BLVD WEST MONTREAL, QUEBEC, H2Z 1Z3, CA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL J. RANZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL J. RANZ, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/19/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			